

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041387

Entity Name: CODIE PROPERTIES, LLC

FILED
Jul 05, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 2016
OLDSMAR, FL 346772016

New Principal Place of Business:

391 ROBERTS ROAD
OLDSMAR, FL 34677

Current Mailing Address:

P.O. BOX 2016
OLDSMAR, FL 346772016

New Mailing Address:

FEI Number: 20-1332128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD., SUITE 309
TAMPA, FL 33629 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DIEHL, RONALD L
Address: P.O. BOX 2016
City-St-Zip: OLDSMAR, FL 346772016

Title: MGR () Delete
Name: COMAR, DAVID
Address: P.O. BOX 2016
City-St-Zip: OLDSMAR, FL 346772016

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DIEHL, RONALD L
Address: 391 ROBERTS ROAD
City-St-Zip: OLDSMAR, FL 34677

Title: MGR (X) Change () Addition
Name: COMAR, DAVID
Address: 391 ROBERTS ROAD
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RONALD L DIEHL

MGR

07/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date